

B6J (Official Form 6J) (12/07)

IN RE Gilmore, Melissa ReneeCase No. 11-60084

Debtor(s)

(If known)

AMENDED SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>600.00</u>
a. Are real estate taxes included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ <u>188.00</u>
b. Water and sewer	\$ _____
c. Telephone	\$ _____
d. Other <u>Cable</u>	\$ <u>65.00</u>
<u>Cell Phone</u>	\$ <u>98.00</u>
3. Home maintenance (repairs and upkeep)	\$ _____
4. Food	\$ <u>550.00</u>
5. Clothing	\$ <u>50.00</u>
6. Laundry and dry cleaning	\$ <u>40.00</u>
7. Medical and dental expenses	\$ <u>25.00</u>
8. Transportation (not including car payments)	\$ <u>200.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ _____
10. Charitable contributions	\$ _____
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ _____
b. Life	\$ _____
c. Health	\$ _____
d. Auto	\$ <u>104.00</u>
e. Other _____	\$ _____
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify) <u>Personal Property Tax</u>	\$ <u>25.00</u>
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ _____
b. Other _____	\$ _____
14. Alimony, maintenance, and support paid to others	\$ _____
15. Payments for support of additional dependents not living at your home	\$ _____
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ _____
17. Other <u>Hair Care And Grooming</u>	\$ <u>40.00</u>
_____	\$ _____
_____	\$ _____

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ <u>1,985.00</u>

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:
None

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$ <u>2,205.00</u>
b. Average monthly expenses from Line 18 above	\$ <u>1,985.00</u>
c. Monthly net income (a. minus b.)	\$ <u>220.00</u>